



Corrective / Preventive Action Plan

Control Number:		CAR #:
Date Opened:		☐ C/PAR #:
Non-Conformance / Observation / Employee Concern:		Area/Location:
ISO 14001 Standard:		
Corrective Action/Specifi	c Instructions:	
Date Closed:	Signatures	
	E.M.R .:	
cc: Deputy Director	Section Manager:	